

June 25, 2016

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2016 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2016 ETC Annual Report of New Hope Telephone Cooperative, Study Area Code 190239

Dear Secretary,

On behalf of New Hope Telephone Cooperative, we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. New Hope Telephone Cooperative, seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Timothy M. Harris, Executive Vice President/General Manager, New Hope Telephone Cooperative
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Leah.Richter@vantagepnt.com
	Form Type	54.313 and 54.422

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	190239
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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

190239VA112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2017
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered both fixed and mobile voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	0 . 0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered both fixed and mobile broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	0 . 0

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
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<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		190239VA510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	190239VA610.pdf

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
<810>	Reporting Carrier	New Hope Telephone Cooperative
<811>	Holding Company	Name Not Available
<812>	Operating Company	N/A

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190239
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<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039> Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1000) Voice and Broadband Service Rate Comparability Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 190239VA1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 190239VA1030.pdf

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190239
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://www.newhopetel.net/PublicDocs/NHTC-Lifeline-Form.pdf>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	190239
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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagept.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

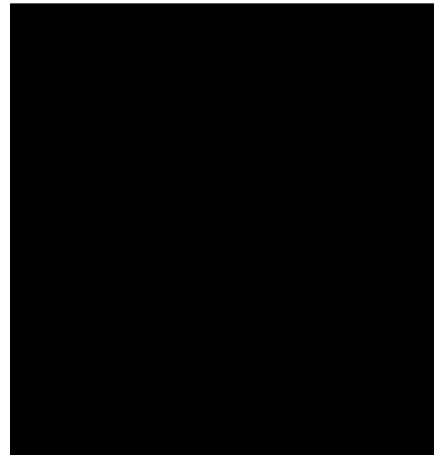
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	190239VA3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Yes - Attach New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	190239VA3012.pdf
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/> <input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	190239VA3026.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2016
Printed name of Authorized Officer: Timothy Harris	
Title or position of Authorized Officer: Executive Vice President	
Telephone number of Authorized Officer: 5403634182 ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Vantage Point Solutions</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Vantage Point Solutions</u>
Name of Reporting Carrier:	<u>NEW HOPE TEL COOP</u>
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	<u>190239</u> Filing Due Date for this form: <u>07/01/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>NEW HOPE TEL COOP</u>
Name of Authorized Agent Firm:	<u>Vantage Point Solutions</u>
Signature of Authorized Agent or Employee of Agent:	Date: <u>06/28/2016</u>
Name of Authorized Agent Employee:	<u>Leah Richter</u>
Title or position of Authorized Agent or Employee of Agent	<u>Senior Telecommunications Analyst</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>605999116 ext.</u>
Study Area Code of Reporting Carrier:	<u>190239</u> Filing Due Date for this form: <u>07/01/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	190239
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<015>	Study Area Name	NEW HOPE TEL COOP
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<020>	Program Year	2017
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<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
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<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
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[illegible]

REDACTED - FOR PUBLIC INSPECTION

NEW HOPE TELEPHONE COOPERATIVE (SAC 190239)

ATTACHMENT LINE 112

**Service Quality Improvement Reporting
Pursuant to 47 C.F.R § 54.313(a)(1)**

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2015****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperative Act, Carrier is not governed by the rules of the VAC for service quality standards and consumer protection rules. However, Carrier in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those require of ILEC's in the State of Virginia, allowing Carrier to meet or exceed existing VAC rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms and conditions of service; (2) truth-in-billing requirements; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customer's privacy.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2015****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier's network is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, Carrier is not governed by VAC rules regarding Emergency Operations. However, in compliance with the Federal emergency situations rules Carrier's central offices have adequate provision for emergency operations. Specifically, Carrier's Central Office has a permanently mounted, propane-powered backup generator in place for times of commercial power outages. The Central Office is also equipped with battery backup power that will last eight hours before needing to be recharged.

All small remote circuit equipment locations have battery backup power that lasts eight hours before needing to be recharged. Each location is also provisioned for connection to gasoline supplied portable generators. Several portable gasoline-powered generators are stored and maintained at the central office which is located within 30 minutes of all remote locations. Carrier's switch is equipped with the Line Load Control feature. It is administered manually. Line load control is used to temporarily limit originating service to non-essential lines during a

disaster or other emergency situation. There are three classes to Line Load Control: 1) Class A – Essential Lines, 2) Class B – Semi-essential Lines, and 3) Class C – Non-essential lines

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2015****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$41.07. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2016 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2015****47 CFR 54.313(g) – Broadband Services Rate Comparability**

Pursuant to 47 CFR 54.313(g) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's broadband services is no more than two standard deviations above the applicable national average urban rates for broadband service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. The table provides the 2016 benchmark for a number of different broadband service offerings.

Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance (GB)	Benchmark
10	1	100	\$71.40
10	1	250	\$75.99
10	1	Unlimited	\$77.80
25 ⁹	5	250	\$95.08
25 ¹⁰	5	Unlimited	\$96.89

I verify that the foregoing is true and correct. Executed on June 7, 2016.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

47 CFR 54.422(a)(2) - Terms and Conditions for Lifeline Program Consumers

(1200)Terms and Conditions for Lifeline Program Consumers

Study Area Code: 190239

Study Area Name: NEW HOPE TELEPHONE COOPERATIVE

<http://www.newhopetel.net/Lifeline.aspx>



Application for Lifeline Telephone Service

Lifeline Service

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers (either landline or wireless).
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back completely. You must indicate your service address (cannot be a P.O. Box) as well as your billing address (if not the same as your service address), the last four digits of your Social Security Number (SSN) and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: WE WILL NOT RETURN ANY DOCUMENTATION. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub, lease agreement (applicable for FPHA proof only) or utility bill (applicable for LIHEAP proof only).

Program Eligibility

Eligible Programs	
Medicaid	Federal Public Housing Assistance/Section 8 (FPHA)
Food Stamps (Supplemental Nutrition Assistance Program (SNAP))	Low-Income Home Energy Assistance Program (LIHEAP)
Temporary Assistance for Needy Families (TANF)	National School Lunch - Free Lunch Program
Supplemental Security Income (SSI)	

Income Eligibility

Including yourself, your household has:	Your household income is at or below:
1 person	\$ 15,512
2 people	\$ 20,939
3 people	\$ 26,366
4 people	\$ 31,793
5 people	\$ 37,220
For each additional person, add \$5,427	

Documentation needed to qualify for Lifeline through income is noted on next page. Income must be provided for entire household.

Charges and Credit

Customers eligible for Lifeline assistance receive a credit of \$10.38 on their monthly bill. You are still responsible for charges on your line. See page 3 for an explanation of charges.

For Company use only:

Date Verified: _____ Initials: _____ Qualifiers Name: _____

Type of document for program eligibility: _____

Type of document for income eligibility: _____ Total Gross Income: _____



Application for Lifeline Telephone Service

When completed, mail or fax form to:

New Hope Telephone Cooperative

P.O. Box 66

New Hope, VA 24469

Fax: (540)363-8277

Applicants Name _____

Street Address _____ Temporary (Required) Yes ☐ No ☐

City _____ State _____ Zip Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Applicants SSN (last 4 digits) _____ Date of Birth _____

Please choose 1 OR 2

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub, lease agreement (applicable for FPHA proof only), or utility bill (applicable for LIHEAP proof only).

NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Food Stamps (Supplemental Nutrition Assistance Program – SNAP) | <input type="checkbox"/> Low Income Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> National School Lunch - Free Lunch Program |
| <input type="checkbox"/> Supplemental Security Income (SSI) | |

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (**required**): _____.

I am providing a photocopy of the following qualifying documents to demonstrate income for my entire household:

- | | |
|--|---|
| <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Retirement / pension statement of benefits |
| <input type="checkbox"/> Current income statement from an employer | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Veterans Administration Statement of Benefits |
| <input type="checkbox"/> Child Support document | <input type="checkbox"/> Other official document containing income information |
| <input type="checkbox"/> Divorce decree | |

I certify, under penalty of perjury, that:

1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
2. I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
3. If I move to a new address, I will provide that new address to New Hope Telephone Cooperative within 30 days.
4. If my address listed above is a temporary address, I understand that I must verify my temporary address with New Hope Telephone Cooperative every 90 days. If I fail to respond to New Hope Telephone Cooperative's address verification attempts within 30 days, my Lifeline benefits may be terminated.
5. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
6. The information contained in this certification form is true and correct to the best of my knowledge.
7. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
8. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize New Hope Telephone Cooperative to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicants Signature _____ Date _____

Application for Lifeline Telephone Service

Monthly Charges

The following tables show charges you are responsible for paying on your monthly bill.

Local Service

Description	Charge
Private Residence ^{SX-FX}	\$13.50
Mileage Zone ^{SX-FX}	Zone 0: No charge Zone 1: \$0.75 Zone 2: \$1.50 (Based upon your location in our serving area)
Interstate Access Charge ^{SX-FX}	\$6.50
Access Recovery Charge ^{FX}	\$0.50
E-911 Tax	\$0.75
Public Rights-Of-Way Fee	\$1.05
State Tax	5% of monthly taxable items
Federal Tax	1% of monthly taxable items
^{SX} = State Taxable ^{FX} = Federal Taxable	

Calling Plans (To Waynesboro Exchanges)

Description	Monthly Recurring Charge	Per Minute Charge
Economy Plan ^{SX-FX}	None	\$0.10
Value Plan ^{SX-FX}	\$2.30	\$0.05
Premium Plan ^{SX-FX}	\$14.80	None

Regional Toll (New Hope Telephone Cooperative as INTRA-Lata Carrier) ^{SX-FX}

Based on mileage from New Hope Telephone Cooperative central office, time of day and day of week.

Miles	Initial Minute			Additional Minutes		
	Period 1	Period 2	Period 3	Period 1	Period 2	Period 3
8	\$ 0.21	\$ 0.13	\$ 0.08	\$ 0.12	\$ 0.07	\$ 0.05
13	0.25	0.15	0.10	0.14	0.08	0.06
18	0.30	0.18	0.12	0.19	0.11	0.08
23	0.34	0.20	0.14	0.20	0.12	0.08
38	0.37	0.22	0.15	0.22	0.13	0.09
48	0.46	0.28	0.18	0.29	0.17	0.12
58	0.48	0.29	0.19	0.31	0.19	0.12
78	0.50	0.30	0.20	0.32	0.19	0.13
118	0.51	0.31	0.20	0.33	0.20	0.13
194	0.52	0.31	0.21	0.37	0.22	0.15
9999	0.54	0.32	0.22	0.39	0.23	0.16

Time Schedule

Period 1	7:00:00 AM – 6:59:59 PM, Monday through Friday
Period 2	7:00:00 PM – 6:59:59 AM, Monday through Friday
Period 3	7:00:00 AM – 7:00:00 AM, Saturday, Sunday and Holidays Holidays: New Years Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

INTER-Lata Toll ^{SX-FX}

You will need to consult with your INTER-Lata toll provider for their charges.

^{SX} = State Taxable, ^{FX} = Federal Taxable

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2015****Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2015****Sec. 54.313(f)(1)(ii) Community Anchor Institutions**

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2015 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2015. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

REDACTED - FOR PUBLIC INSPECTION

NEW HOPE TELEPHONE COOPERATIVE (SAC 190239)

ATTACHMENT LINE 3026

Financial Reports

Pursuant to 47 C.F.R § 54.313(f)(2)

ATTACHMENT REDACTED IN ENTIRETY